



MISSOURI WORKS PROGRAM

Effective August 28, 2013

Notice of Intent (NOI) **New Jobs Programs**

PROJECT CATEGORY (Net new jobs must be created within 2 years of receipt of NOI)						
✓ One	Program Category	Minimum New Jobs	Minimum New Private Capital Investment	Minimum Average Wage for New Jobs	Health Insurance Offered and Paid at Least 50%	Program Benefits <small>*Discretionary incentives may be available if certain criteria are met.</small>
	Zone Works (Must be located in an Enhanced Enterprise Zone.)	2	\$100,000	80% of County Average Wage	Yes	Retention of State Withholding Tax for 5 years or 6 years for existing MO companies (existing=in operation for a minimum of 10 years).
	Rural Works (All counties except Boone, Buchanan, Clay, Greene, Jackson, St. Charles, St. Louis County and City)	2	\$100,000	90% of County Average Wage	Yes	Same as Zone Works (above).
	Statewide Works	10	N/A	90% of County Average Wage	Yes	Retention of State Withholding Tax for 5 years or 6 years for existing MO companies (existing=in operation for a minimum of 10 years).*
	Mega Works 120 (all areas)	100	N/A	120% of County Average Wage	Yes	6% of new payroll for 5 years or 6 years for existing MO companies (existing=in operation for a minimum of 10 years).*
	Mega Works 140 (all areas)	100	N/A	140% of County Average Wage	Yes	7% of new payroll for 5 years or 6 years for existing MO companies (existing=in operation for a minimum of 10 years).*

Missouri Department of Economic Development, Business and Community Services

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Revised August 7, 2013



MISSOURI WORKS PROGRAM - NOTICE OF INTENT (NOI)

TAX PERIOD OF COMPANY									
What is the tax period of the qualified company? (Enter dates in both.)						Beginning		Ending	
Qualified Company or Parent Company						Federal Tax ID No. (FEIN)		MITS/Missouri ID No.	
Address of Project / Primary Facility									
City				County		Missouri		Zip Code +4	
OTHER PROJECT FACILITY ADDRESS(ES) (Attach additional sheet if needed.)									
Headquarters Address (if different than above)				City, State		Zip Code	FEIN	Current # of FT employees	
1. Other Missouri Facility Address				City		Zip Code	FEIN	Current # of FT employees	
2. Other Missouri Facility Address				City		Zip Code	FEIN	Current # of FT employees	
3. Other Missouri Facility Address				City		Zip Code	FEIN	Current # of FT employees	
CONTACT INFORMATION (Please provide two (2) people that DED may contact directly regarding this program.)									
Contact Person				Title					
Address				City		State		Zip Code	
Telephone Number		Fax Number		E-mail					
Contact Person/Preparer (include company, if applicable)				Title					
Address				City		State		Zip Code	
Telephone Number		Fax Number		E-mail					
COMPANY PROJECT INFORMATION									
Has the company performed significant, project-specific site work at the project facility, purchased machinery or equipment, publicly announced its intention to make new capital investment at the project facility prior to receipt of proposal or approval of this Notice of Intent? If yes is the answer to any one of these items, please mark yes.								YES	NO
Is the Project facility the company's permanent facility? If no, explain on additional sheet of paper.								YES	NO
Does more than one company work from the project facility?								YES	NO
If yes; is the other company considered part of the project?								YES	NO
If yes; are the Companies wholly-owned subsidiaries?								YES	NO
Does the company participate in an employee stock ownership plan?								YES	NO
Is the applicant delinquent in the payment of any non-protested taxes or any other amounts due to the state or federal government or any other political subdivision?								YES	NO
Has the company filed for or publicly announced its intention to file for bankruptcy protection?								YES	NO
Does the company offer health benefits to all full-time employees at the facility and pay at least 50% of the premium?								YES	NO
When are new hires eligible for health benefits?		<u>Salary:</u>	days	<u>Hourly:</u>	days	Percentage that is employer paid		%	
Is this relocation?		YES	NO	If yes:	From where: (city, county)		To where: (city, county)		May require a Letter of Release from County

TYPE OF BUSINESS									
Fiduciary	C Corp	S Corp	LLC	Sole Proprietor	Partnership	Non-Profit	Other_____		
Aggregate proportionate shares or percent of total ownership may not exceed 100%. Attach a separate sheet if necessary.									
Name(s)		% Ownership		Name(s)		% Ownership			
		%				%			
		%				%			
		%				%			
		%				%			
		%				%			
		%				%			
		%				%			
Is this company owned 51% or more by women?				YES	NO	Is the company publicly traded?		YES	NO
Facility's NAICS Code:				NAICS codes are assigned by the Missouri Division of Employment Security					
FACILITY PROJECT INFORMATION (Choose one.)									
Start-up company	New to Missouri	New additional facility in Missouri			Expansion of existing facility		Replacement of existing facility		
Describe the business activities conducted at the facility (Be Specific):									
List all other federal and state programs for which this facility is applying or is currently utilizing.									
List any other state programs the company is utilizing involving the retention of withholding tax? (e.g. TIF, MO Works Training Program, MODESA or MORESA)									
Total number of employees at ALL facilities in Missouri				Total Number of facilities located in MO				Date qualified company will meet threshold	
<p>For the jobs and investment table below, Year 1 is the year in which the new jobs and investment thresholds are met.</p> <p>(Must be within 2 years of the approval of the NOI.)</p> <p>Average wage and investment numbers should be consistent with the new jobs estimated for each year.</p>									
	New Capital Investment (cumulative number)			New Jobs (cumulative number beginning in the year the new job threshold is met)			Average Wage		
Year 1									
Year 2									
Year 3									
Year 4									
Year 5									
Year 6 (existing companies only)									
OTHER FACILITY ADDRESS(ES) IN MISSOURI THAT ARE NOT A PART OF THE PROJECT (Attach additional sheet if needed.)									
1. Other Missouri Facility Address			City		Zip Code		FEIN		Current # of FT employees
2. Other Missouri Facility Address			City		Zip Code		FEIN		Current # of FT employees
3. Other Missouri Facility Address			City		Zip Code		FEIN		Current # of FT employees
Are any facilities owned or operated by the qualified company in the State of Missouri NOT included in the Project Location reliant upon each other for products and / or services?								YES	NO
Are operations of the facilities substantially similar to the operations of the project facility?								YES	NO

CERTIFICATION

I, the undersigned, acting on behalf of the Company named below, hereby certify and agree to the following:

- The information submitted by the Company to DED in connection with the Project is true and correct and such information is consistent with documents provided to lenders, other government programs, or investors. The Company hereby authorizes DED to verify such information from any source;
- Neither the Company nor any person identified in the application:
 - a) Has committed a felony, is currently under indictment for a felony, or is currently on parole or probation;
 - b) Is delinquent with respect to any non-protested federal, state or local taxes or fees;
 - c) Has filed (or is about to file) for bankruptcy, unless otherwise disclosed to DED; or
 - d) Has failed to fulfill any material obligation under any other state or federal program;
- There are no pending or threatened liens, judgments, or material litigation against the Company or any person identified on the application which is likely to have a material impact on the Company's viability;
- Neither the operations of the Project itself nor the receipt of incentives for the Project would violate any existing agreement;
- The Company has obtained or is capable of obtaining all necessary federal, state and local permits and licenses for the Project;
- I certify that the applicant does NOT knowingly employ any person who is an unauthorized alien and that the applicant has complied with federal law (8 U.S.C. § 1324a) requiring the examination of an appropriate document or documents to verify that each individual is not an unauthorized alien.
- I certify that the applicant is enrolled and will participate in a federal work authorization program as defined in Section 285.525(6), RSMo., with respect to employees working in connection with the activities that qualify applicant for this program. I certify that the applicant will maintain and, upon request, provide the Department of Economic Development documentation demonstrating applicant's participation in a federal work authorization program with respect to employees working in connection with the activities that qualify applicant for this program.
- I understand that, pursuant to section 285.530.5, RSMo, a general contractor or subcontractor of any tier shall not be liable under section 285.525 to 285.550 when such general contractor or subcontractor contracts with its direct subcontractor who violates section 285.530.1, if the contract binding the contractor and subcontractor affirmatively states that the direct subcontractor is not knowingly in violation of section 285.530.1 and shall not henceforth be in such violation and the contractor or subcontractor receives a sworn affidavit under the penalty of perjury attesting to the fact that the direct subcontractor's employees are lawfully present in the United States.
- I understand that if the applicant is found to have employed an unauthorized alien, applicant maybe subject to penalties pursuant to Sections 135.815, 285.025, and 285.535, RSMo.
- I understand that if the applicant is found to have employed an unauthorized alien in Missouri and did not, for that employee, examine the document(s) required by federal law, the applicant shall be ineligible for any state-administered or subsidized tax credit, tax abatement or loan for a period of five years following any such finding.
- I attest that I have read and understand the Enhanced Enterprise Zone Tax Credit Program guidelines.
- I hereby agree to allow representatives of the Department of Economic Development access to the property and applicable records as may be necessary for the administration of this program.
- I certify under penalties of perjury that the above statements and information contained in the application and attachments are complete, true, and correct to the best of my knowledge and belief.

I certify that I have the proper authority to execute this document on behalf of the Company and that I am authorized to make the statement of affirmation contained herein. I also realize that failure to disclose material information regarding the Company, any owners or individuals engaged in the management of the Company, or other facts may result in criminal prosecution.

Applicant Signature	Print Name	Title	Date
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Appeared before me this _____ day of _____, 20____, _____ to me personally known to be the person who executed the above certification, and acknowledged and states on his/her oath to me that he/she executed the same for the purpose therein stated.

State of	County (or City of St. Louis)	
Notary Public Name	My Commission Expires	Use Rubber Stamp in Area Below
Notary Public Signature		

REQUIRED ATTACHMENTS

CHECK BOX	ATTACHMENT
	<u>Multiple Worksite Report</u> – If there are multiple facilities within the state, the business / organization is required to complete the Multiple Worksite Report (MWR) – BLS 3020 for the duration of the program benefits, including the twelve (12) months previous of the submission date of the Notice of Intent.
	<u>E-Verify Memorandum of Understanding (MOU)</u> - A copy of the executed MOU between the company/ organization and the Department of Homeland Security, United States Citizenship and Immigration Services (DHS-USCIS) and the Social Security Administration. Must be electronically signed by Company & DHS-USCIS.
	<u>Health Insurance</u> – Copy of employer paid health insurance benefits; include eligibility start date for new hires and % of premium paid by employer.
	<u>Organization Chart</u> – Attach a copy of the complete organization chart illustrating the qualified company's ownership as well as other subsidiaries owned by the same parent company or by the qualified company.

When the Notice of Intent is received, DED will send the Current Employment Information worksheet, specifying the dates for the required information. The information on this worksheet is used to calculate the project facility base employment and base payroll, plus the related facility base employment and base payroll if applicable. Timely response is required of the Company. Data should be submitted in Excel format.

If this application package contains any materials that the Company considers to be closed records pursuant to Section 620.014 RSMo, each page must be clearly marked as '**Confidential**' and the Company must provide written support that releasing the information would endanger the competitiveness of the business.